As we anticipate this year being a competitive one, please make sure to fully answer each question, as the Ranking and Review Committee can only score based on the information provided.

For each New Project, applicant package must include:
1. This review application
2. MOU between Partners for HOME (CoC Lead Agency) and applicant (will be posted here: https://partnersforhome.org/funding)
3. Atlanta CoC Supplemental Questionnaire (will be posted here: https://partnersforhome.org/funding)
4. Evidence of nonprofit status (if applicable)
5. Most Recent Independent Audit (if applicable)
6. Any audit/monitoring documentation since July 1, 2017
7. Any other documentation as requested in the review process

The submission deadline for all completed new review applications, and all required documents, is August 5, 2019, 12noon. An application may be considered incomplete if it does not include all required documents.

The deadline for your e-snaps application, and all required updated attachments is August 21, 2019, 12noon. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.

No late applications or attachments will be accepted.

* 1. Name of Organization
**2. Organization Type**
- Non-profit 501(c)(3)
- Unit of Government
- Public Housing Authority (PHA)
- Other (please specify)

**3. Agency Address**
- Street
- City
- Zip Code

**4. Agency DUNS**

**5. SAM Registration Expiration Date**

**6. Agency Employer ID/Tax ID**

**7. Name of Sub-Recipient / Sponsor Organization (if applicable)**

**8. Sub-Recipient / Sponsor Organization Type (if applicable)**
- Non-profit 501(c)(3)
- Unit of Government
- Public Housing Authority (PHA)
- Other (please specify)
There are certain threshold requirements that all projects must meet in order to be considered eligible for this funding source.

Based upon a review of your entire application and supporting materials, the Ranking and Review Committee members will assign your application one point for each of the following criterion met and zero points for each criterion not met. Projects must score a minimum of 6 out of 7 points to be further reviewed by the CoC. Please note these points are used only for threshold purposes and do not count toward overall project competitive scoring. Please keep these questions in mind when completing your application.

1. Does the type, scale, and location of the housing fit the needs of the program participants?
2. Does the type, scale, and location of the supportive services and mode of transportation to those services fit the needs of the program participants to ensure successful retention in or help to obtain permanent housing?
3. Does the specific plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible meet the needs of the program participants?
4. Does the application indicate that program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs?
5. Do 100% of proposed program participants come from the street or other location not meant for human habitation, emergency shelters, or safe havens?
6. Are amenities (e.g., grocery stores, pharmacies, etc.) accessible in the community?
7. Does the applicant currently participate in HMIS with at least 95% of universal data elements reported? (Will not apply if the agency is not yet HUD funded.)

The following questions will also not be included in the overall score, but the responses will help to determine eligibility.

* 13. HMIS Participation: Will this project participate in the Atlanta CoC HMIS (or a comparable database if you are a victim services agency) in the event that the project is funded?
   - Yes
   - No

* 14. Coordinated Entry: Will this project participate in the Atlanta CoC Coordinated Entry system in the event that the project is funded?
   - Yes
   - No

* 15. Housing First: Will this project follow a Housing First approach as defined in HUD guidance?
   - Yes
   - No

* 16. Match: Will the project provide 25% cash or in-kind match for all HUD funding except Leasing?
   - Yes
   - No

---

2019 Atlanta CoC New Project Review Application

APPLICANT EXPERIENCE

* 17. Experience with Project Activities: Describe the experience of the applicant and potential partners (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. (2000 character limit)
18. Experience Leveraging Other Sources: Describe the experience of the applicant and partners (if any) in leveraging other Federal, State, local, and private sector funds. If the applicant has no experience leveraging other funds, please include the phrase, "No experience leveraging other federal, state, local or private sector funds." (1000 character limit)

19. Management Structure: Describe the basic organization and management structure of the applicant and partners (if any). Include evidence of internal and external coordination and an adequate financial accounting system. (3000 character limit)

20. Monitoring/Audit Findings: Has the agency had any site visits/monitoring from ANY funder (private or government, including HUD CoC and HUD ESG) since July 1, 2017 (past two years) or ANY outstanding monitoring or audit findings or concerns, even if prior to July 1, 2017. If yes to EITHER, send any and all correspondence regarding the results of these site visits (including any concerns/findings and letters addressing such) with the other documentation.

   □ Yes
   □ No

21. Please list all site visits/monitorings since July 1, 2017.

22. Securing Units: Please explain your experiencing working with landlords, realtors, and other housers, and helping clients to lease and move into housing quickly. (1000 character limit)

23. Under the CoC Interim Rule, new grant funding cannot replace state or local funds. That is, this project application must be for the creation of new PSH units. Please confirm that this application will be used to create new PSH units (and not replace lost funding).

   □ Yes
   □ No
* 24. Project Description: Provide a description that addresses the entire scope of the proposed project. (3000 character limit)

* 25. Estimated Schedule: Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (1000 character limit).

* 26. Clients to be Served/Needs: Please describe a description of the characteristics and needs of the homeless population to be served by this project. Include if the proposed project will have a specific population focus. (1000 character limit)

**2019 Atlanta CoC New Project Review Application

HOUSING FIRST

The Atlanta CoC works to align itself with the HUD priorities, as well as with the USICH Plan, Opening Doors. Additionally, the Atlanta CoC recently adopted ClearPath, a five-year strategic plan which outlines the priorities of the CoC. Please respond to the following questions, addressing the various objectives of the CoC. Please provide a brief explanation for each of the subparts, if requested.

* 27. Describe how the project will implement a Housing First model, throughout the duration of a person's participation. (1000 character limit)

* 28. Will the project drug test prior to move in and/or during program participation?

  - Yes
  - No

* 29. Please briefly explain your response from Q28. (500 characters maximum)

* 30. Will the project enforce compliance with or enrollment in mental health treatment either at move-in or at any time during program participation?

  - Yes
  - No
* 31. Please briefly explain your response from Q30. (500 characters maximum)

* 32. Will the project screen clients out due to criminal history?

- Yes
- No

* 33. Please briefly explain your response from Q32. (500 characters maximum)

* 34. Will the project require clients to have income or other financial resources, either at move-in or at any time during program participation?

- Yes
- No

* 35. Please briefly explain your response from Q34. (500 characters maximum)

* 36. Will the project use a harm-reduction model for drugs and/or alcohol use?

- Yes
- No

* 37. Please briefly explain your response from Q36. (500 characters maximum)

* 38. Will the project include mandatory case management and/or home visits as a condition of remaining in the program?

- Yes
- No

* 39. Please briefly explain your response from Q38. (500 characters maximum)
* 40. Will the project require participants to live in a particular structure at any point during program participation?

- Yes
- No

* 41. Please briefly explain your response from Q40. (500 characters maximum)

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process will prioritize people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. CoC funded projects frequently work with families or individuals who have severe barriers to finding and maintaining housing, and it's important for the system of care to be responsive to those needs.

* 42. Please indicate which of the following will be required for clients to be accepted into this project.

- Current employment
- Income
- State issued identification
- Sobriety (alcohol or drugs)
- No presenting of symptoms of mental illness
- Transportation
- Specific disabling condition (e.g. MH, SA, HIV/AIDS)
- Medication compliance
- Order of protection, police involvement, or specified time separated from abuser for victims/survivors of domestic violence
- Other (please list below)
- None

Explaination of Other
* 43. Please list and discuss all program entry requirements and restrictions for homeless persons to access and be accepted into this project. Include how this project works with those families and individuals with high barriers to accessing and remaining in housing. (2000 characters maximum)

2019 Atlanta CoC New Project Review Application

SERVICES FOR PARTICIPANTS

* 44. Describe how participants will be assisted to obtain and remain in permanent housing. Include the plan to help participants locate housing, move in to housing, and maintain housing. (1000 characters)

* 45. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs. (1000 characters)

2019 Atlanta CoC New Project Review Application

SERVICES FOR PARTICIPANTS (continued)

Supportive Services: For all supportive services available to participants, indicate if the specific service will be made available, who will provide it (Applicant, Subrecipient, Partner, or Nonpartner), and the frequency of the service. Please be realistic and do not over commit!

* 46. Assessment of Service Needs

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Who will provide?</th>
<th>Frequency of Service</th>
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</table>

* 47. Assistance with Moving Costs

<table>
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<tr>
<th>Yes/No</th>
<th>Who will provide?</th>
<th>Frequency of Service</th>
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<tr>
<td>Service</td>
<td>Yes/No</td>
<td>Who will provide?</td>
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<td><strong>48. Case Management</strong></td>
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<td><strong>51. Employment Assistance and Job Training</strong></td>
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<td><strong>52. Food</strong></td>
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<td><strong>53. Housing Search and Counseling Services</strong></td>
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<td>Service</td>
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<td>Who will provide?</td>
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<td>*54. Legal Services</td>
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<td>*55. Life Skills Training</td>
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<td>*59. Substance Abuse Treatment Services</td>
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</table>
* 60. Transportation
Yes/No
Who will provide?
Frequency of Service

* 61. Utility Deposits
Yes/No
Who will provide?
Frequency of Service

* 62. Employment/Income: Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. (2000 character limit)

* 63. Improving Service Access: Will the project include the following activities? Check all that apply.

- Transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs
- Follow-up at least annually with participants to ensure mainstream benefits are received and renewed.
- Access to SSI/SSDI technical assistance provided by the applicant or a partner agency.

* 64. If the last box in Q63, regarding access to SSI/SSDI technical assistance, was checked, enter the full date that the person providing the technical assistance last completed SOAR training. If training has never been completed, please include the phrase, "Not SOAR trained."

2019 Atlanta CoC New Project Review Application
SERVICES FOR PARTICIPANTS (continued)

2019 Atlanta CoC New Project Review Application
HOUSING AND PROJECT POPULATION
* 65. Total Number of Proposed Units


* 66. Total Number of Proposed Beds


* 67. Populations Served (check all that apply)

- Households without children (individuals and couples with no children)
- Households with children
- Households with only children

* 68. Households without children

  a. Number of Households
  b. Number of Adults

* 69. Households with children

  a. Number of Households
  b. Number of Adults
  c. Number of Children

* 70. Households with only children (unaccompanied youth 17 years or younger)

  a. Number of Children

* 71. Total Projected to be Served

  Total Number of Households (68a + 69a + 70a)

  Total Number of People (68b + 69b + 69c + 70a)

* 72. Projected Percentage of Veterans Served

  Households with at least one Veteran
  Households with no Veterans
* 73. Projected Percentage of Youth (ages 18-24) Served
Youth headed households
(individuals or families, if
head of household is a
youth)

Non-youth headed
households (individuals or
families, with head of
household 25 or older)

* 74. If project proposes to target youth (ages 18-24), please describe how this population will be targeted,
current partnerships related to appropriate referrals, and the need of a program for this target population
(please submit data as necessary). (2000 character limit)

* 75. What is the estimated percentage of clients served from each of the sub-populations below? (These are
not mutually exclusive and do not need to add up to 100%.)

Mental Illness
Alcohol Abuse
Drug Abuse
Chronic Health Condition
HIV/AIDS and Related
Disorders
Developmental Disability
Physical Disability
Victim/Survivor of
Domestic Violence
Veteran
Youth Households
Not represented by an
above listed sub-
population
Indicate the proposed number of persons who will remain in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year.

Count every participant who is anticipated to continue residing in the project, or the number of participants who are anticipated to exit the project and move into another permanent housing situation.

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 76. Persons remaining in permanent housing as of the end of the operating year
   a. Universe Number
   b. Target Number
   c. Target Percent (Q76b / Q76a * 100)

* 77. Please explain the plan to reach the housing stability target (1000 characters maximum).

These measures are not applicable for children and youth below the age of 18. Total income can include all cash sources, public and private.

Q78. Persons age 18 and older who maintained or increased their total income (from all sources) at the end of the operating year or program exit:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.
Q79. Persons age 18 through 61 who maintained or increased their earned income at the end of the operating year or program exit:

Universe (#): Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

Target (#): Enter the number of applicable persons who are expected to achieve the measure within the operating year from the universe of total persons. The Target is the total number of persons from the pool that are affected.

* 78. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit
  a. Universe Number
  b. Target Number
  c. Target Percent (Q78b / Q78a * 100)

* 79. Persons age 18 through 61 who maintained or increased earned income as of the end of the operating year or program exit
  a. Universe Number
  b. Target Number
  c. Target Percent (Q79b / Q79a * 100)

* 80. Please explain the plan to reach the income stability target (1000 characters maximum).

For the following budget related questions, please pay careful attention to the HUD budget guidelines, as certain budget line items are only applicable for certain project types. Please be sure to only include allowable expenses, based on the project type being applied for.
Please enter the general budget breakdown for the requested funds in Q81. For the budget questions that follow Q81, please enter, more specifically, what each general category will fund.

* 81. For each activity listed, please enter the amount of assistance that is requested.
   a. Leased Units - not allowed (enter 0)
   b. Leased Structures - not allowed (enter 0)
   c. Rental Assistance
   d. Supportive Services
   e. Operating
   f. HMIS
   g. Subtotal (a+b+c+d+e+f)
   h. Administrative costs (Up to 7% of subtotal)
   TOTAL AMOUNT OF REQUEST (g+h) (should equal Q12)

* 82. Multiply the number of units by unit type by the number of units by FMR (listed next to unit type) the multiply that number by 12 (1 year grant = 12 months) and enter totals. (Example: If the application is for 10 one bedroom units = 10 X $898 X 12 = 107,760 would be entered for line b.)
   a. Efficiency ($873)
   b. One bedroom ($898)
   c. Two bedroom ($1031)
   d. Three bedroom ($1344)
   e. Four bedroom ($1651)
   f. Total (a+b+c+d+e) (should equal Q81c)
Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and FTE. If something does not apply, please enter 0 or n/a.

<table>
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<tr>
<th>* 83. Assessment of Service Needs</th>
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<tr>
<td>a. Quantity AND</td>
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<td>Description (200 character limit)</td>
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<td>b. Amount Requested</td>
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<tr>
<th>* 84. Assistance with Moving Costs</th>
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<td>a. Quantity AND</td>
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<td>Description (200 character limit)</td>
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<td>b. Amount Requested</td>
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<th>* 85. Case Management</th>
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<td>a. Quantity AND</td>
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<td>Description (200 character limit)</td>
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<th>* 86. Child Care</th>
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<td>a. Quantity AND</td>
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<td>Description (200 character limit)</td>
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<td>b. Amount Requested</td>
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<th>* 87. Education Services</th>
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<td>a. Quantity AND</td>
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<td>Description (200 character limit)</td>
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<td>b. Amount Requested</td>
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<th>* 88. Employment Assistance</th>
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<td>a. Quantity AND</td>
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<tr>
<td>Description (200 character limit)</td>
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<td>b. Amount Requested</td>
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</tbody>
</table>
* 89. Food
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 90. Housing/Counseling Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 91. Legal Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 92. Life Skills
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 93. Mental Health Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 94. Outpatient Health Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 95. Outreach Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested
* 96. Substance Abuse Treatment Services
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 97. Transportation
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 98. Utility Deposits
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 99. Operating Costs (only if for a facility that is used to provide services)
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 100. Total Annual Assistance Requested
  Sum of Q83b through Q99b (Should equal Q81d)

** Enter the quantity and total budget request for each operating cost. If something does not apply, please enter 0 or n/a. **

* 101. Maintenance/Repair
  a. Quantity AND Description (200 character limit)
  b. Amount Requested
* 102. Property Taxes and Insurance
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 103. Replacement Reserve
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 104. Building Security
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 105. Electricity, Gas, Water
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 106. Furniture
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 107. Equipment (lease, buy)
  a. Quantity AND Description (200 character limit)
  b. Amount Requested

* 108. Total Annual Assistance Requested
  Sum of Q101b through Q107b (Should equal Q81e)
Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS item. When including staff costs, please include title, salary and FTE. If something does not apply, please enter 0 or n/a.

* 109. Equipment
   a. Quantity AND Description (200 character limit)
   b. Amount Requested

* 110. Software
   a. Quantity AND Description (200 character limit)
   b. Amount Requested

* 111. Service
   a. Quantity AND Description (200 character limit)
   b. Amount Requested

* 112. Personnel
   a. Quantity AND Description (200 character limit)
   b. Amount Requested

* 113. Space and Operations
   a. Quantity AND Description (200 character limit)
   b. Amount Requested

* 114. Total Annual Assistance Requested
Sum of Q109b through Q113b (Should equal Q81f)
Cost Efficiency

* 115. Please briefly explain how your costs, including housing costs and service costs, are all necessary and reasonable. (1000 character limit)

* 116. What additional funding sources are committed to this project? (1000 character limit)

* 117. What is the projected **total budget** for this project (include all financial resources, excluding in-kind)?

  Total Annual Budget

* 118. How many persons are projected to be served?

* 119. What is the projected total average cost per person served?

  \[
  \text{(total budget / persons served)}
  \]

* 120. What is the **total HUD request** for this project?

  Request Amount (should equal Q12)

* 121. What is the projected total average cost, of HUD funds, per person served?

  \[
  \text{(total request / persons served)}
  \]

* 122. How many persons are projected to either remain in permanent housing or exit the project to permanent destinations over the course of the program year?

* 123. What is the projected average cost per exit to, or maintenance of, permanent housing over the course of the program year?

  \[
  \text{(total budget / persons in PH)}
  \]
* 124. What is the projected average cost, of HUD funds, per exit to, or maintenance of, permanent housing over the course of the program year?

(total HUD budget / persons in PH)

* 125. Does the applicant have any outstanding federal debt?

- Yes
- No

* 126. If yes, please provide an explanation of debt owed and repayment arrangements (250 characters maximum).

2019 Atlanta CoC New Project Review Application

**Match Funds**

HUD requires a 25% match (minus leasing) for this funding. This needs to be based on current commitments at the time of project application, covering the requested grant operating period/term, and NOT based on projections. Documentation is not required at this time, but must be in-hand and dated within 60 days of the HUD application deadline. For additional guidance on match, please refer to the project guides, as well as the FAQs on the HUDexchange website and search for “match.”

* 127. Total Match

  a. Total HUD CoC funding request (minus leasing)

  b. Total cash match (listed below)

  c. Total in-kind match (listed below)

Percent of match provided

\[
\frac{(b + c)}{a} \times 100 = \]
### 128. Cash Match
List source of match and amount committed

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<th>Source and Amount</th>
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If needed, list all other sources and amounts

**TOTAL CASH MATCH**

### 129. In-Kind Match
List source of match and amount committed

<table>
<thead>
<tr>
<th>Source and Amount</th>
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If needed, list all other sources and amounts

**TOTAL IN-KIND MATCH**

---

**2019 Atlanta CoC New Project Review Application**

**Program Monitoring**

* 130. Within your organization, please describe what actions are done to evaluate project and agency performance (1000 characters maximum).

---

**2019 Atlanta CoC New Project Review Application**

**Educational Services**
This question was accidentally skipped when this application was first formatted. It should be in the "Quality of Proposed Project" section.

* 131. Describe how the project will take into account the educational needs of children and youth in the project. Include a discussion of how the policies and practices are consistent with federal laws and whether or not there will be a staff person specifically designated to ensure children and youth are enrolled in school and receive educational services. If the project will not serve children or youth under age 25, indicate N/A. (1000 character limit)

To the best of my knowledge and belief, all information in this application is true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the following:

* Applicant will complete the HUD esnaps application form with the same information contained in this application unless adjustments have been requested by the Collaborative Applicant.
* Applicant agrees to participate fully with the HMIS identified by the CoC, or alternate system for domestic violence providers.
* Applicant agrees to participate fully with the CoC Coordinated Entry system.

Additionally, the governing body of this applicant understands that:

* Submission of this application and the e-snaps application is not a guarantee of funding.
* Inclusion in the Atlanta CoC application to HUD also does not guarantee funding, as all final funding decisions are made by HUD.

* 132. Electronic Acknowledgement

Name and Title

Date

Thank you for thoughtfully and thoroughly completing this application.

Do not forget that for this application to be considered complete, you need to submit, by email, the following documents:
1. This review application;
2. Evidence of nonprofit status (if applicable);
3. Most recent independent audit (if applicable);
4. Copy of intake package, including any house rules and policies, if already established;
5. MOU between Partners for HOME (CoC Lead Agency) and applicant; and
6. The Atlanta CoC Supplemental Questionnaire.

If any of these do not apply, please submit a separate document simply stating that so that it is clear that you did not fail to submit the documentation.

Once you complete this online application, email Amy Zaremba to let her know and to send the above documents. Please use both of these addresses (to lessen the change of an email getting lost in those big clouds!):

amzaremba@atlantaga.gov
azaremba@partnersforhome.org

You will receive an acknowledgement that your email has been received.

Also, please remember that you need to have your e-snaps application and all required updated documentation complete by August 21, 2019, 12noon. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded.

Failure to email the required documentation and/or failure to complete the e-snaps application, with the required attachments, may result in your application being not scored.

Also, as we continue through this process, please know that we may request more information, either for scoring clarification or to assist in completing the HUD CoC application.

Thanks, again, for all your hard work and dedication to making homelessness rare, brief, and nonrecurring in the Atlanta CoC!